

GLI Intervention Report Form (Part 1)

Section A:

Name of Contracting Agency:

Intervention Name:

Primary risk population (check only one): <input type="checkbox"/> MSM <input type="checkbox"/> MSM/IDU <input type="checkbox"/> IDU <input type="checkbox"/> Heterosexual <input type="checkbox"/> Mother with/at risk for HIV <input type="checkbox"/> General public	Secondary risk population (check only one): <input type="checkbox"/> MSM <input type="checkbox"/> MSM/IDU <input type="checkbox"/> IDU <input type="checkbox"/> Heterosexual <input type="checkbox"/> Mother with/at risk for HIV <input type="checkbox"/> General public
Location where intervention provided: <input type="checkbox"/> Community-Based organization <input type="checkbox"/> Community setting <input type="checkbox"/> Clinic-Health care facility	<input type="checkbox"/> HIV counseling & testing site <input type="checkbox"/> Social service agency <input type="checkbox"/> Drug treatment facility
<input type="checkbox"/> Correction /Detention center <input type="checkbox"/> School/Educational facility <input type="checkbox"/> Other (specify): _____	

Section B: Intervention Year-to-Date Summary

Clients served:	Male	Female	Transgender	Unknown	Total
American Indian/Alaska Native					
Hawaiian Native or Pacific Islander					
White					
African American					
Asian					
Race Unknown					
More than one Race					
Total					
Hispanic					
Non-Hispanic					
Ethnicity Unknown					
	Number of clients receiving				
	Only 1 session:	Only 2 sessions:	3 or more:	Total	
GLI clients receiving					
Total sessions provided:			Total group-participant sessions received (i.e., sum of participants per session):		